INDEX OF SURGICAL PROGRESS.

CHEST AND ABDOMEN.

I. Actinomycosis of the Chest and Lung; Operative Treatment. By Dr. NIKOLAI A. VELIAMINOFF (St. Petersburg). At a recent meeting of the St. Petersburg Medical Society, the author has communicated the following rare and interesting case: A very poor working woman, æt. 60, with paresis of her left limbs of 8 years' standing, sought his advice on account of a moderately painful swelling of her left mamma, which had appeared 3 weeks previously. The swelling proved to be a large, red, retro-mammary abscess of subacute ("semi-cold") variety. It was found, further, that the patient was suffering from diffuse chronic bronchitis, with a very abundant offensive discharge of a dark color. The woman was brought under the influence of chloroform, and the abscess opened by a free incision along the upper and outer boundary of the breast. A great quantity of fetid pus escaped, the patient simultaneously coughing out similar purulent matter. While removing granulations from the cavity, the author noticed that a subjacent rib, near the junction with its cartilage, was lying bare, and that beneath the area there were present several fistulous openings. The piece of the rib with cartilage having been excised, a small purulent cavity in the lung itself became exposed Any slightest touching of the area induced attacks of cough with expectoration The pulmonary cavity was thoroughly scraped out with a sharp spoon (after which the cough ceased), disinfected, plugged with antiseptic gauze, and the external wound also plugged and supplied with a drainage-tube. The temperature after the operation never rose above 38° C., cough disappearing completely in two days or so. On changing the dressing, several grain-like bodies were discovered in the wound which, under the microscope, proved to be typical actinomycotic fungi. A

month later the patient was discharged in a good general state, but with multiple fistulæ at the site of the operation. When shown to the Society 1½ years after the operation, she was feeling and looking quite well, her lungs being apparently entirely sound. The fistules, however, still remained; there was also present slight swelling about the sternum and the rib operated upon.—*Vratch*, No. 42, 1890, p. 967.

VALERIUS IDELSON (Berne).

II. Recovery From Acute Diffuse Suppurative Peritonitis by Laparotomy. By Mr. HAWKINS-AMBLER and Mr. LAWFORD KNAGGS. The authors report to the Clinical Society of London a case of suppurative peritonitis, occurring in a boy, æt. 9, and giving all the symptoms of intestinal obstruction. The obstruction was due to adhesions which so held the gut in Douglas' pouch as to kink it. Operation was done on the second day after the development of the symptoms. The adhesions were broken down by the fingers, the pus evacuated and drainage tubes inserted, the peritoneum not being washed. The authors lay stress on this point, as they believe any attempt at washing would have produced a fatal result.—*Brit. Med. Jour.*, May 15, 1890.

III. A Case of Fæcal Extravasation into the Peritoneal Cavity; Thorough Washing of the Peritoneum; Recovery. By HARRISON CRIPPS, F.R.C.S. (London). Mr. Cripps reports a case of carcinoma of the rectum, in a woman, æt. 52, for which he did an inguinal colotomy, opening the bowel on the second day after the operation. On the fifth day, during a fit of coughing, the sutures gave way and the bowel fell back, allowing fæces to flow into the abdominal cavity. This was soon followed by much pain and the symptoms of collapse. Five hours later the wound was opened, the bowel raised into the wound, the entire peritoneal cavity flushed until the returning water came away clean, and a glass drainage-tube was then introduced. No anæsthetic was used. The pain entirely ceased immediately after the washing. She did not recover entirely from the shock for nearly 3 days. After that time she went on to a complete recovery. Cripps calls attention to the severe pain produced